

**SUMMER FOOD SERVICE PROGRAM
SPONSOR MONITOR SITE REVIEW FORM**

To the Monitor: Two copies of this form should be filled out. One should be left with the site supervisor and one turned in to the sponsor.

Sponsor _____ Date of Review: _____

Name of Site: _____ Monitor's Arrival Time: _____

Address: _____ Monitor's Departure Time: _____

Phone: _____

Site Supervisor: _____ Regular Site _____ Camp Site _____

Name of person contacted at site: _____ Title: _____

Type(s) of meal service reviewed: _____

Approved Average Daily Participation (ADP): _____ Approved time
of meal service: _____

Attendance on day of visit: _____

Number eligible for free or reduced price meals (camp only): _____

<u>Day of Visit</u>	<u>Type of Meal</u>			
	<u>Breakfast</u>	<u>Supplement</u>	<u>Lunch</u>	<u>Supper</u>
# meals prepared (single site - self prep)	_____	_____	_____	_____
# meals delivered (off-site prep)	_____	_____	_____	_____
# meals/milk from previous day	_____	_____	_____	_____
Times meals delivered (off-site prep)	_____	_____	_____	_____
Times meals served	_____	_____	_____	_____
# first meals served to children	_____	_____	_____	_____
# meals served as seconds to children	_____	_____	_____	_____
# meals served to Program adults	_____	_____	_____	_____
# meals served to non-program adults	_____	_____	_____	_____
# meals leftover	_____	_____	_____	_____

Menu Served: _____

Monitor Review Form

YES

NO

_____	_____	Are meals served as a unit?
_____	_____	Did meal agree with menu planned?
_____	_____	Were all requirements met?
_____	_____	Are all children fed onsite?
_____	_____	Are meals planned and prepared with one meal per child in mind?
_____	_____	Are accurate counts taken of meals served?
_____	_____	Are meal production records kept?
_____	_____	Does site have sufficient food service supervision?
_____	_____	Is an inventory record being kept?
_____	_____	Are receiving reports and purchase invoices kept?
_____	_____	Does staffing pattern correspond to that listed on approved site application sheet?
_____	_____	Has site supervisor attended training session?
_____	_____	Are program aids such as the site handbook being used?
_____	_____	Is there proper sanitation and storage?
_____	_____	Are meals served within time frames?
_____	_____	Are records of adult meals kept?
_____	_____	Is there documentation of children eligible for free or reduced price meals if applicable?
_____	_____	Is the meal delivery schedule followed?
_____	_____	Are meals counted before signing delivery receipt? (off-site prep)
_____	_____	Are meals checked for quality?
_____	_____	Are there provisions for storing or returning excess meals?
_____	_____	Is the ratio of meals served as seconds to meals served as firsts excessive, considering the 2 percent limit on claiming seconds?
_____	_____	Is site supervisor following procedures established to make meal order adjustments?
_____	_____	Does site have a place to serve children's meals in case of inclement weather?
_____	_____	Is there a nondiscrimination poster provided by the sponsor, on display in a prominent place?

Major Violations

	<u>Yes</u>	<u>No</u>
1. Adult meals included in count of meals served to children	_____	_____
2. Off-site consumption (children)	_____	_____
3. More than one meal per child +2%	_____	_____
4. Meal pattern not met (specify)	_____	_____
5. Meals not served as a unit	_____	_____
6. Meal times not met	_____	_____

Check below if the following apply (explain any checked items)

7. No Records ☐ 8. Incomplete Records ☐ 9. Poor Sanitation ☐
10. Other: _____

Corrective action discussed with (name and title): _____

Corrective action taken: _____

Site supervisor's comments: _____

Further action needed by: _____

I certify that the above information is correct.

Monitor's Signature

Site Supervisor's Signature

Date

Date

Sponsor Representative Signature

Date Reviewed by Sponsor Representative

Verification With Office Records

		<u>Verify With Observation?</u>	
	<u>Number</u>	<u>Yes</u>	<u>No</u>
1. A. Reported number of meals delivered for meal observed	_____	_____	_____
B. Reported number of first meals served for day of visit	_____	_____	_____
C. Reported number of second meals served for day of visit	_____	_____	_____
D. Reported number of adult meals served for day of visit	_____	_____	_____
E. Reported number of leftover meals for day of visit	_____	_____	_____
F. Reported number of discarded meals for day of visit	_____	_____	_____

2. Comments:

3. Corrective action taken, if needed:

Name of Authorized Sponsor Representative (signature)

Title